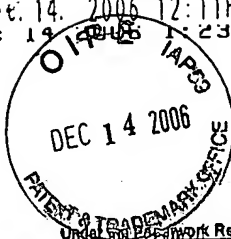


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PTO/SB/81 (01-08)

Approved for use through 12/31/2009. OMB 0681-0036

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/720,285
Filing Date	11/25/2003
First Named Inventor	Fischell
Title	
Art Unit	1851
Examiner Name	Kim, Tasyoon
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Jonathan Grant	34,830

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jonathan Edwin Grant		
Address	2107 Hounds Run Place		
City	Silver Spring	State	Maryland
Country	USA	Zip	20806
Telephone	301-803-8071	Email	Grantpaten@aol.com

I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/14/06
Name	Lawrence Loomis	Telephone	410-583-9357
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Fischetti, et al.

Serial No. 10/720,265

Group: 1651

Filed: 11/25/2003

Examiner: Kim, Taeyoon

The Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

RESPONSE TO OFFICE ACTION

Sir or Madam:

This is in response to the Office Action dated June 26, 2006.

Please note that all correspondence should go to the address of the undersigned attorney, said address being:

Jonathan E. Grant
Grant Patent Services
2107 Hounds Run Place
Silver Spring, Maryland 20906

12/18/2006 HMARZ11 00000015 10/20265

02 FC:2011	150.00 OP
03 FC:2011	150.00 OP
04 FC:2111	250.00 OP
05 FC:2311	100.00 OP
06 FC:9998	10.00 OP

A Power of Attorney as well as a terminal disclaimer is attached.

A request is made to the Primary Examiner to make an examiner's amendment to claim 84 and add a period to the end of the sentence.

The application is now in condition for allowance. Please call the undersigned at (301) 603-9071 if you have any questions or comments. Thank you.

12/18/2006 HMARZ11 00000015 10/20265

01 FC:2011	150.00 OP
02 FC:2111	250.00 OP
03 FC:2311	100.00 OP

Void date: 12/18/2006 HMARZ11

12/18/2006 HMARZ11 00000015 10/20265

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02 FC:2111	-250.00 OP
03 FC:2311	-100.00 OP

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Name of Person Signing

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Date

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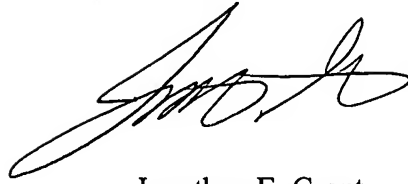
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Box Assignments

Washington, D.C. 20231

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Very truly yours,

A handwritten signature in black ink, appearing to read 'Jonathan E. Grant', written in a cursive style.

Jonathan E. Grant

Reg. No. 34,830